

APPLICATION

FOR LICENSING AS AN ASBESTOS TRAINING PROVIDER

Complete all sections of the application either by hand printing in ink or typing. Be sure to sign the completed application and include the application fee. Attach additional sheets as necessary.

1. APPLICANT:

Company Name: _____

Company Address: _____

Company Phone Number: _____ e-mail address _____

Previous License Number (if applicable): _____

Training Director (must be a Design Consultant): _____

Is the applicant licensed or certified as a training provider in another state? YES ☐ NO ☐

If YES, where: _____

License or Registration Number: _____

2. APPROVAL OF COURSES: The undersigned certifies that they understand on behalf of the training provider that each **training course** needs to be approved by the DEP separately and distinctly from this licensure application.

3. APPLICATION REQUIREMENTS: An applicant for Training Provider must submit documentation including the following:

- A. The name and qualifications of the Training Director;
- B. A list of the qualifications and resumes of the applicant's instructors who will be teaching the Department approved training courses;
- C. A detailed description of the number and quality of supplies and equipment necessary to perform the instructional services it proposes to provide;
- D. A sample original student certificate issued upon successful completion of course(s); wallet cards may be used in conjunction with an original certificate;

- E. A statement that paperwork, including names, social security numbers, and exam scores, involving course participants, will be forwarded to the Department within 5 days of course completion;
- F. A description of the method that the Training Provider will use to notify course dates to the Department. A course must be notified 10 calendar days before the course using a Department approved course notification form;
- G. A statement that the Training Provider will issue student certificates within two weeks of the successful completion of the initial or refresher course;
- H. A statement that the Training Provider maintains student records for a period of seven years and will make them available to the Department within 24 hours of request;

or

A statement that any Training Provider, whose principal place of business is outside the State of Maine, who provides Department-approved training to individuals seeking a state certificate will make information required by this application available to the Department within 5 business days of receipt of a request for information from the Department, if applicable.

4. **FEE:** The application must include a non-refundable cashiers, certified or company check in the amount of **\$500 dollars** made payable to the **Maine Environmental Protection Fund**.

5. **SIGNATURE:**

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS THERETO AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. I ALSO UNDERSTAND THAT THE ISSUANCE OF A FRAUDELENT STUDENT CERTIFICATE, OR THE VIOLATION OF ANY PROVISION OF D.E.P. CHAPTER 425 OR OTHER APPLICABLE LAWS AND REGULATIONS INCLUDING THE MODEL ACCREDIATION PLAN (MAP), CONSTITUTES THE GROUNDS FOR THE SUSPENSION OR REVOCATION OF THE TRAINING PROVIDER'S LICENSE, THE DENIAL OF THE RENEWAL OF THE LICENSE, AND/OR OTHER ENFORCEMENT ACTION DEEMED APPROPRIATE BY THE DEPARTMENT.

SIGNED: _____ DATE: _____

PRINTED: _____

RETURN TO: **Lead & Asbestos Hazard Prevention Program**
 Department of Environmental Protection (BRWM)
 17 State House Station
 Augusta, Maine 04333-0017
 (207) 287-2651

Asbestos Training Provider

January 16, 2003